

MAT CASE NAME

DCFS CASE #

MAT REF #

CURRENT PLACEMENT

Current Caregiver Information

Current Caregiver's Full Name:

Telephone #:

Caregiver Type:

FFA SW:

FFA Agency :

Telephone #:

Current Caregiver Functioning

Observation of current placement's functioning: (Include information about the current caregiver's support system, strengths and issues that may impair their ability to meet the child's needs, caregiver's ability and willingness to provide care for siblings, and level of interest in long term/short term placement)

Other factors relevant to child's placement success (including sibling placements, relationships between caregiver and parents, etc. Are there healthy connections that the child has to his/her relatives/non-relatives, community, school, cultural, religious or peer group that should be maintained during the child's out-of-home care experience?)

If needed, list additional resources identified to promote placement success.

Person/Agency responsible for follow-up:

Relationship to Child:

Telephone #:

A.

B.

Please list any additional information, needs, resources, referrals, or barriers to accessing referrals: